

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

For Commission Use Only:
Case: 03-0563

2003 SEP 17 P 1:54

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

ORIGINAL

CONSUMER SERVICE DIVISION

Regarding a complaint by (Person making the complaint): FRANCES TRADER

Against (Utility name): Com Ed

As to (Reason for complaint) Over Charged every month on light bill. Winter Bill was higher than Summer Bill. Complaint about over charged

light bill in Summer told me winter bill will be lowered during winter
refused to talk or fixed the problem don't turn lights on for the winter only night
in Bellwood Illinois. Light was used one one way her for the last six months
to use the lights. Etc...

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 1031 Bellwood Ave - Unit 6 E Bellwood Ill. 60104

The service address that I am complaining about is Above mentioned.

My home telephone is (708) 544-0319

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at (708) 544-0319

(Full name of utility company) COMMON WEALTH EDISON (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

No Supervisor would contact me back for four months 3 times a day
I would call and try to resolve the problem. I know I would being over
charged they knew it. Then the CCS waived my deposit a few months
later went back rebilled me for it. Charged me anywhere from 18-25.00
late payment per month. I'm on SSI. I didn't used the lights they don't even
be on daytime, night light only at night (2)

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint? Yes No

Has your complaint filed with that office been closed? Yes No
UNKNOWN

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1. Every month \$65.00 - 75.00 a month. Or more, I know (2) night lights
down cost that much per month.
2. I finally got them to come and see about the meter the person they sent
he explain to me from his readings the meter & the computer in his truck my
bill should be 30 something, not over thirty-five the night be usual the old
meter because this is a new meter & they didn't put the date nor the
Serial # on it, so they could be billing me from the old meter which it was
Something wrong with that meter. I hope they shut my lights off in July
Please clearly state what you want the Commission to do in this case: I was still making payment every 2 weeks & hoping
they would credit my bill back take that deposit off. I lost road for that
over 24 hour period. has a small child. My grand mother couldn't be use no electric had
to find somewhere for me & my child to sleep. We were at her home Aug. 2003 until 6-10-2003.

Date: 9.15.03
(Month, day, year)

Complainant's Signature Francis Inaba

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

Francis Inaba first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) Francis Inaba

Subscribed and sworn/affirmed to before me on (month, day, year) Sept. 15, 2003

Earlene Skinner
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.